

DISABLED VETERAN OR SURVIVING SPOUSE OF A DISABLED VETERAN EXEMPTION APPLICATION

Please provide a C O P Y of following as proof of qualification for this deduction:

1. Declaration letter (with VA Seal – raised) from Veteran’s Administration stating that veteran is “100 % permanent and totally disabled”
2. C O P Y of Form - DD214
3. C O P Y of service time during a Peacekeeping Mission. It is required that the Veteran have actual service in a combat zone for a total of fourteen (14) days, unless service injury was received.
4. C O P Y of New Jersey Driver’s License
5. If you are a new homeowner, a COPY of your recorded deed with the County.

PROOF OF LEGAL TITLE TO PROPERTY AS OF OCTOBER 1ST OF THE PRE TAX YEAR

WIDOW OF A VETERAN

Please also provide:

1. C O P Y of the Veteran’s Death Certificate
 2. C O P Y of New Jersey Driver’s License
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1. DD214
 2. New Jersey Driver’s License

IF YOU HAVE ANY ADDITIONAL QUESTIONS OR NEED ASSISTANCE IN COMPLETING THE APPLICATION, PLEASE CONTACT THE ASSESSOR’S OR COLLECTOR’S OFFICE @ 856-829-6100.

“PLEASE REMEMBER TO PROVIDE C O P I E S”

**AN APPLICATION WITHOUT PROPER COPIES
WILL BE DENIED AS INCOMPLETE**